

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/674068**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	11		11		11	
TOTAL DEP.	2		2		2	
TOTAL CLAIMS	13		13		13	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			11		11	
TOTAL DEP.			2		2	
TOTAL CLAIMS	13		13		13	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

(18)